		BLIC HEALTH AND WELFARE 119 STATE FILE NUMBER		
DO NOT WRITE ON THIS STUB	AMENDED	Registration District No		
VS 300 Rev. 4/59	E AMENDED	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY Jackson  b. CITY (If outside corporate limits, give TOWNSHIP only)  OR TOWN Kansas City  c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR  Inside Limits  Inside Limits  d. STREET ADDRESS  (If outside, give location) Reside on Farm ADDRESS		
2 6 8 2 4 0 5 / 6 7 0	FOLLOWS	NAME OF DECEASED   First   Middle   Last   4. DATE   Month   Day   Year		
8 2 94 9 x 10 11 12 5-7-0 13	THIS RECORD ARE AS INSTEAD OF DOCUMENT	OUINTION R. SMITH  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ser NO.)  18. CAUSE OF DEATH (Enter only one cause per lin PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (c)  DUE TO (c)		
Z	AMENDMENTS ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.  PART III. If deceased was female was f		
USE BLACK INK OR TYPEWRITER RIBBC	ITEM NO. SHOULD READ  , , , BY AFFIDAVIT OF	WHILE AT WORK   farm, factory, street, office bidg., etc.)  WHILE AT WORK   farm, factory, street, office bidg., etc.)  WHILE AT WORK   farm, factory, street, office bidg., etc.)  21.   attended the deceased from   10-13-64		

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nam	e is recorded on the reverse side of this certificate was embalmed by me,	
working under my personal supervision.	Signed R.F. Full	
Student Signature of Student Embalmer	Signed / F. William	
	Licensed Embalmer No. 4 99:	
k:- : -	P. O. Address / E. C. M. C.	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.